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|--|------------------------|--|--|
| <b>FACSIMILE<br/>TRANSMITTAL<br/>FORM</b>    | Application Number     | 10/647523                                  | <b>RECEIVED<br/>CENTRAL FAX CENTER<br/>JUL 08 2005</b> |
|  | Filing Date            | August 25, 2003                            |  |
|  | First Named Inventor   | Jing, Naiyong                              |  |
|  | Art Unit               | 1773                                       |  |
|  | Examiner Name          | Ramsey E. Zacharia                         |  |
| Fax: 703-872-9306                            | Attorney Docket Number | 56210US004                                 |  |
| Total Number of Pages in This Submission: 25 |                        |  |  |
| Date: July 8, 2005                           |                        | Attorney for Applicant: Brian E. Szymanski |  |

| <b>ENCLOSURES (check all that apply)</b>   |   |   |
|--|---|---|
| <input type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Issue Fee Transmittal<br><input type="checkbox"/> Amendment Transmittal  | <input type="checkbox"/> Petition   | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences   |
| <input checked="" type="checkbox"/> Amendment/Reply<br><input type="checkbox"/> After Final<br><input checked="" type="checkbox"/> Affidavits/Declaration(s)   | <input type="checkbox"/> Petition to Convert a Provisional Application            | <input type="checkbox"/> Appeal Communication to Technology Center (Appeal Notice, Brief, Reply Brief)  |
| <input checked="" type="checkbox"/> Extension of Time Request  | <input type="checkbox"/> Power of Attorney, Revocation                            | <input type="checkbox"/> Proprietary Information  |
| <input type="checkbox"/> Express Abandonment Request   | <input type="checkbox"/> Change of Correspondence Address                         | <input type="checkbox"/> Status Letter  |
| <input type="checkbox"/> Information Disclosure Statement  | <input type="checkbox"/> Terminal Disclaimer                                      | <input checked="" type="checkbox"/> Other Enclosures:<br>Duplicate for Deposit Account.<br>ASTM attachment (2 pg)<br><br><b>RECEIVED<br/>OIPE/IAP<br/>JUL 11 2005</b> |
| <input type="checkbox"/> Response to Missing Parts/<br>Incomplete Application<br><input type="checkbox"/> Response to Missing Parts<br>under 37 CFR § 1.52 or 1.53<br><input type="checkbox"/> Response to Missing Parts<br>under 35 USC 371 in US<br>Designated/ Elected Office<br>(DO/E/OUS) | <input type="checkbox"/> Request for Refund                                       |   |
|  | <input type="checkbox"/> Request for Continued<br>Examination (RCE) Transmittal   |   |
| <input type="checkbox"/> Drawings  | <input type="checkbox"/> After Allowance<br>Communication to Technology<br>Center |   |
| <b>REMARKS:</b>  |   |   |

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